

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **BOZIDAR FEREC-PETRIC ET AL.**
TITLE: **A COMMUNICATIONS SYSTEM FOR AN IMPLANTABLE MEDICAL DEVICE AND A DELIVERY DEVICE**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 323 972 166 US, on this 31st day of July, 2003.

22240 U.S. PTO
10/631953
07/31/03

MOLLY CHLEBECK
Printed Name
Molly Chlebeck
Signature

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- X Patent Application Transmittal
- X Specification:
Total pages: 31 (including claims and abstract: Spec. 24 sheets; Claims 6 sheets; Abstract 1)
- X Drawings:
Total sheets: 6
☐ formal ☒ informal
- ☒ Combined Declaration and Power of Attorney:
☒ UNexecuted
☐ copy from prior application
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*
- X Accompanying application parts:
☐ Notification of filing a
☐ Assignment of the Invention to Medtronic, Inc.
☐ Assignment cover sheet
☐ Information Disclosure Statement
☐ PTO Form 1449
☐ Copies of IDS citations
☐ Preliminary Amendment
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No. 10/123,958, filed April 17, 2002.
- ☐ Amend the specification by inserting before the first line the sentence: --This application is a _____ of application Serial No. _____, filed _____, now allowed.--
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☒ The Power of Attorney in the prior application is to: Girma Wolde-Michael.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

☒ Address all future correspondence to: Daniel G. Chapik, Reg. No. 43,424
Telephone: (763) 514-3066
Facsimile: (763) 505-2530



27581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	40	20	= 20	x 18	\$360.00
Independent Claims	6	3	= 3	x 84	\$252.00
Multiple Dependent Claims			0	+ 280	
Basic Filing Fee					\$750.00
TOTAL					\$1,362.00

☒ Charge Deposit Account No. 13-2546 in the amount of **\$1,362.00** for the filing fee and extra claims fee.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

7/24/07

Daniel G. Chapik, Reg. No. 43,424
Telephone: (763) 514-3066



27581